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TRANSMITTAL FORM

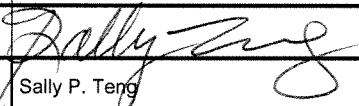
(to be used for all correspondence after initial filing)

		Application Number	10/694,190
		Filing Date	October 28, 2003
		First Named Inventor	Lloyd Wolfinbarger, Jr.
		Art Unit	1651
		Examiner Name	Allison M. Ford
Total Number of Pages in This Submission	14	Attorney Docket Number	067949-5019-01

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Request for Corrected Filing Receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. Marked-up Copy of Filing Receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	3. Supplemental Application Data Sheet
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	4. Copy of Declaration/Oath
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Morgan, Lewis & Bockius		
Signature			
Printed name	Sally P. Teng		
Date	April 24, 2008	Reg. No.	45,397

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name			Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Lloyd Wolfinbarger, Jr. et al.**) Confirmation No. 3910
)
Application No. **10/694,190**) Group Art Unit: 1651
)
Filed: **October 28, 2003**) Examiner: **Allison M. Ford**
)
For: **A Process for Devitalizing Soft-Tissue**) Date: **April 24, 2008**
Engineered Medical Implants, and)
Devitalized Soft-Tissue Medical Implants)
Produced)

REQUEST FOR CORRECTED FILING RECEIPT

Attached is a copy of the Official Filing Receipt received from the U.S. Patent Office in the above-referenced application for which issuance of a corrected filing receipt is respectfully requested as there is an error with respect to spelling of the third inventor's name and the power of attorney data needs to be updated.

Inventor's Name: Please correct the spelling of the third inventor's name from "Alyce Linhurst" to --Alyce Linhurst Jones--. Attached is a copy of the Combined Declaration for Patent Application and Power of Attorney filed January 4, 2008 and a Supplemental Application Data Sheet showing the correct spelling of the third inventor's name.

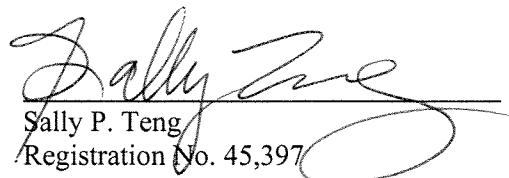
Power of Attorney Data: Please correct the Power of Attorney Data to show that power of attorney has been granted to the patent practitioners associated with Customer Number 009629.

If there are any fees due in connection with the filing of this Request, please charge the fees to our Deposit Account No. 50-310. If a fee is required for an extension of time under 37 C.F.R. 1.136 not accounted for above, such an extension is requested and the fee should also be charged to our Deposit Account.

Dated: **April 24, 2008**

Morgan, Lewis & Bockius LLP
Customer No. **09629**
1111 Pennsylvania Avenue, N.W.
Washington, D.C. 20004
202-739-3000

Respectfully submitted,
Morgan, Lewis & Bockius LLP


Sally P. Teng
Registration No. 45,397



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/694,190	10/28/2003	1651	1487	64230-00003USP1	4	66	6

24238
 JENKENS & GILCHRIST
 1401 MCKINNEY
 SUITE 2700
 HOUSTON, TX 77010

JAN 05 2004
 morgan Lewis & Bockius LLP
 111 Pennsylvania Ave., N.W.
 Washington DC 20004

CONFIRMATION NO. 3910
 FILING RECEIPT



OC000000011582621

Date Mailed: 12/30/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Lloyd Wolfinbarger JR., Norfolk, VA;
 Perry Lange, Virginia Beach, VA;
 Alyce Linhurst, Virginia Beach, VA;
 Eric Moore, Garretton, VA;
 Barry Nolf, Virginia Beach, VA;

*Alyce Linhurst Jones
 Virginia Beach
 Courtland*

Power of Attorney: 009629

Domestic Priority data as claimed by applicant

This application is a CIP of 09/660,422 09/12/2000

6,743,574

Foreign Applications

If Required, Foreign Filing License Granted: 12/29/2003

Projected Publication Date: 04/08/2004

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

* DOCKETED
 Int: *10* DT: *1-7-04*

*Complete Date: _____
 filing receipt*

Process for devitalizing soft-tissue engineered medical implants, and devitalized soft-tissue medical implants produced

Preliminary Class

435

**LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

GRANTED

The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

The grant of a license does not in any way lessen the responsibility of a licensee for the security of the subject matter as imposed by any Government contract or the provisions of existing laws relating to espionage and the national security or the export of technical data. Licensees should apprise themselves of current regulations especially with respect to certain countries, of other agencies, particularly the Office of Defense Trade Controls, Department of State (with respect to Arms, Munitions and Implements of War (22 CFR 121-128)); the Office of Export Administration, Department of Commerce (15 CFR 370.10 (j)); the Office of Foreign Assets Control, Department of Treasury (31 CFR Parts 500+) and the Department of Energy.

NOT GRANTED

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Supplemental Application Data Sheet 37 CFR 1.76		Attorney Docket Number	067949-5019-01
		Application Number	10/694,190
Title of Invention		A Process for Devitalizing Soft-Tissue Engineered Medical Implants, and Devitalized Soft-Tissue Medical Implants Produced	
The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76. This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.			

Secrecy Order 37 CFR 5.2

<input type="checkbox"/>	Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not filed electronically.)
--------------------------	--

Applicant Information:

Applicant 1				
Applicant Authority <input checked="" type="checkbox"/> Inventor <input type="checkbox"/> Legal Representative under 35 U.S.C. 117 <input type="checkbox"/> Party of Interest under 35 U.S.C 118				
Prefix	Given Name	Middle Name	Family Name	Suffix
	Lloyd		Wolfinbarger	Jr.
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Norfolk	State/Province	Virginia	Country of Residence
Citizenship under 37 CFR 1.41(b)i		USA		
Mailing Address of Applicant:				
Address 1		1509 Cedar Lane		
Address 2				
City	Norfolk		State/Province	Virginia
Postal Code	23508		Country	USA
All Inventors Must Be Listed – Additional Inventor Information blocks may be generated within this form by selecting the Add button.				

Applicant 2				
Applicant Authority <input checked="" type="checkbox"/> Inventor <input type="checkbox"/> Legal Representative under 35 U.S.C. 117 <input type="checkbox"/> Party of Interest under 35 U.S.C. 118				
Prefix	Given Name	Middle Name	Family Name	Suffix
	Perry		Lange	
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Virginia Beach	State/Province	Virginia	Country of Residence
Citizenship under 37 CFR 1.41(b)i		USA		
Mailing Address of Applicant:				
Address 1		1073 Country Mill Road		
Address 2				
City	Virginia Beach		State/Province	Virginia
Postal Code	24354		Country	USA

Applicant 3				
Applicant Authority <input checked="" type="checkbox"/> Inventor <input type="checkbox"/> Legal Representative under 35 U.S.C. 117 <input type="checkbox"/> Party of Interest under 35 U.S.C. 118				
Prefix	Given Name	Middle Name	Family Name	Suffix
	Alyce		Linthurst Jones	
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Virginia Beach	State/Province	Virginia	Country of Residence
Citizenship under 37 CFR 1.41(b)i		USA		
Mailing Address of Applicant:				
Address 1	3804 Wenlock Court			
Address 2				
City	Virginia Beach	State/Province	Virginia	
Postal Code	23456	Country	USA	

Applicant 4				
Applicant Authority <input checked="" type="checkbox"/> Inventor <input type="checkbox"/> Legal Representative under 35 U.S.C. 117 <input type="checkbox"/> Party of Interest under 35 U.S.C. 118				
Prefix	Given Name	Middle Name	Family Name	Suffix
	Eric		Moore	
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Virginia Beach	State/Province	Virginia	Country of Residence
Citizenship under 37 CFR 1.41(b)i		USA		
Mailing Address of Applicant:				
Address 1	1712 Greenhouse Road			
Address 2				
City	Virginia Beach	State/Province	Virginia	
Postal Code	23455	Country	USA	

Applicant 5				
Applicant Authority <input checked="" type="checkbox"/> Inventor <input type="checkbox"/> Legal Representative under 35 U.S.C. 117 <input type="checkbox"/> Party of Interest under 35 U.S.C. 118				
Prefix	Given Name	Middle Name	Family Name	Suffix
	Barry		Nolf	
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Courtland	State/Province	Virginia	Country of Residence
Citizenship under 37 CFR 1.41(b)i		USA		
Mailing Address of Applicant:				
Address 1	24293 Meherrin Road			
Address 2				
City	Courtland	State/Province	Virginia	
Postal Code	23837	Country	USA	

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below.
For further information see 37 CFR 1.33(a).

An Address is being provided for the correspondence information of this application.

Customer Number	009629
Email Address	

Application Information:

Title of the Invention	A Process for Devitalizing Soft-Tissue Engineered Medical Implants, and Devitalized Soft-Tissue Medical Implants Produced		
Attorney Docket Number	067949-5019-01	Small Entity Status Claimed	<input checked="" type="checkbox"/>
Application Type	Utility		
Subject Matter			
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)	1651		
Total Number of Drawing Sheets (if any)	4	Suggested Figure for Publication (if any)	

Publication Information:

<input type="checkbox"/> Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<input type="checkbox"/> Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b)
<input type="checkbox"/> and certify that that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="checkbox"/> US Patent Practitioner	<input type="checkbox"/> US Representative (37 CFR 11.9)
Customer Number	09629		

Domestic Priority Information:

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

Prior Application Status	Issued		
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
This application	CIP of	09/660,422	2000-09-12

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

Application Number	Country	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

Assignee 1

If the Assignee is an Organization check here.

Prefix	Given Name	Middle Name	Family Name	Suffix
	LifeNet Health			

Mailing Address Information:

Address 1	1864 Concert Drive		
Address 2			
City	Virginia Beach	State/Province	Virginia
Country	USA	Postal Code	23453
Phone Number		Fax Number	
Email Address			

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature		Date (YYYY-MM-DD)	2008-04-24
First Name	Sally	Last Name	Teng

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

ATTORNEY DOCKET NO.: 067949-5019-01

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PROCESS FOR DEVITALIZING SOFT-TISSUE ENGINEERED MEDICAL IMPLANTS, AND DEVITALIZED
SOFT-TISSUE MEDICAL IMPLANTS PRODUCED**

The specification of which:

is attached hereto; or

was filed as United States application Serial No. 10/694,190 on October 28, 2003 and was amended on (if applicable); or
was filed as PCT international application Number on and was amended under PCT Article 19
On (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office information which is material to the patentability of claims presented in this application in accordance with Title 37, Code of Federal Regulations Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate or Section 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

PRIOR FOREIGN APPLICATION(S):

COUNTRY (if PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Combined Declaration for Patent Application and Power of Attorney - (Continued)
 (includes Reference to PCT International Applications)
ATTORNEY DOCKET NO: 067949-5019-01

I hereby claim the benefits under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below.

U.S. PROVISIONAL APPLICATIONS

U.S. PROVISIONAL APPLICATION NO.	U.S. FILING DATE:

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) or Section 365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of claims presented in this application in accordance with Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT:

U.S. OR PCT INTERNATIONAL APPLICATIONS		STATUS (Check One)		
APPLICATION NO.	FILING DATE	PATENTED	PENDING	ABANDONED
09/660,422	09/12/2000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

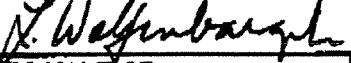
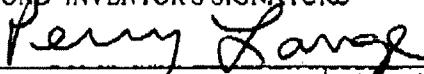
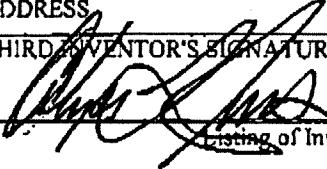
POWER OF ATTORNEY: As a named inventor, I hereby appoint the registered practitioners of Morgan, Lewis & Bockius LLP included in the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number.

Customer Number: 09629

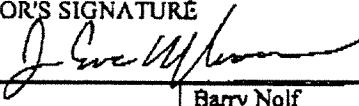
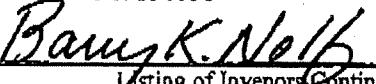
Direct Telephone Calls To:

202-739-3000

Combined Declaration for Patent Application and Power of Attorney - (Continued)
(includes Reference to PCT International Applications)
ATTORNEY DOCKET NO: 067949-5019-01

Combined Declaration for Patent Application and Power of Attorney - (Continued) (includes Reference to PCT International Applications) ATTORNEY DOCKET NO: 067949-5019-01		
FULL NAME OF SOLE OR FIRST INVENTOR	Lloyd Wolfinbarger, Jr.	
RESIDENCE & CITIZENSHIP	Norfolk, Virginia	COUNTRY OF CITIZENSHIP United States of America
POST OFFICE ADDRESS	1509 Cedar Lane, Norfolk, Virginia 23508	
SOLE OR FIRST INVENTOR'S SIGNATURE 		DATE 9/5/07
FULL NAME OF SECOND INVENTOR	Perry Lange	
RESIDENCE & CITIZENSHIP	Virginia Beach, Virginia	COUNTRY OF CITIZENSHIP United States of America
POST OFFICE ADDRESS	1073 Country Mill Road, Virginia Beach, Virginia 23454	
SECOND INVENTOR'S SIGNATURE 		DATE 9/7/07
FULL NAME OF THIRD INVENTOR	Alyce Linthurst-Jones	
RESIDENCE & CITIZENSHIP	Virginia Beach, Virginia	COUNTRY OF CITIZENSHIP United States of America
POST OFFICE ADDRESS	3804 Whinlock Ct 1209 Sir George Circle, Virginia Beach, Virginia 23452	
THIRD INVENTOR'S SIGNATURE 		DATE 9/10/07

Listing of Inventors Continued on attached page(s): Yes No

FULL NAME OF FOURTH INVENTOR	Eric Moore	
RESIDENCE & CITIZENSHIP	Virginia Beach, ^{Virginia} Carrollton, Virginia	COUNTRY OF CITIZENSHIP United States of America
POST OFFICE ADDRESS	1712 Greenhouse Rd. Virginia Beach, VA 23455 24509 Miller Lane, Carrollton, Virginia 23314 ^{9/6/07}	
FOURTH INVENTOR'S SIGNATURE		
FULL NAME OF FIFTH INVENTOR	Barry Nolf	
RESIDENCE & CITIZENSHIP	Courtland, ^{Virginia Beach, Virginia} Virginia	COUNTRY OF CITIZENSHIP United States of America
POST OFFICE ADDRESS	24293 Melherrin Rd. Courtland, VA. ^{5036 Jackson Street, Virginia Beach, Virginia 23455} 23837	
FIFTH INVENTOR'S SIGNATURE		

Listing of Inventors Continued on attached page(s): Yes No